

Application of Four Phase Teaching Method Regarding Care of the First Stage of Labour among Nursing Students and Effect on Their Emotional Intelligence

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Abstract: The aim of this study was to study the application of the four phase teaching method regarding care of the first stage of labour among nursing students and effect on their emotional intelligence. **Design:** An experimental study. **Setting:** This study was conducted at two settings; the first one was maternity nursing simulation lab at the faculty of nursing, Mansoura University, the second was labor and delivery unit at Mansoura University Hospital, Egypt. **Subjects:** One hundred and twenty male and female nursing students enrolled in the midwifery course during 2nd semester of the academic year 2016-2017. **Tools:** An interviewing questionnaire schedule, Bar-On Emotional Intelligence Quotient Inventory, Student satisfaction and Self-Confidence in Learning Instrument. **Results:** The present study results had revealed that, post intervention the mean scores of emotional intelligence had a highly statistically significant improvement among the intervention group compared to control group. Additionally, the students of the intervention group had a significant higher score of all items of satisfaction & self-confidence in learning compared to control group. It was observed that there was significant correlation between emotional intelligence and satisfaction and self-confidence scores among intervention group. Finally, there was a positive significant correlation between satisfaction and self-confidence scores in both groups. **Conclusion:** The present study results had showed that the student's satisfaction and self-confidence were statistically significant higher among intervention group than the control group. It pointed out, our attention that four phase teaching method was highly significantly more effective than clinical training regarding student's emotional intelligence related to care of the first stage of labour. **Recommendation:** Integration a four phase teaching method in obstetrics and gynecology nursing curriculum.

Keywords: Emotional intelligence, First stage of labour, Four phase teaching method, Satisfaction, Self-confidence.

1. INTRODUCTION

Professionalism in paramedical depends on the quality and quantity of education in a clinical setting (Michael, 2016). Insufficient education has been cited as a factor of non-professional success (Shahhosseini et al., 2015). Although many studies have been conducted in this area, the question of which teaching method has the greatest impact on student training had remained unanswered. Additionally, The method of education is one of the most important elements in the learning process (Kevin, 2015).

Also, among the various teaching methods proposed for teaching nursing and midwives, "active method" presented by Petton in 1990 (Mohamadirizi et al., 2015). This method consists of four stages: "The stage of pampering and

speaking" is the first stage in which the instructor explains the objectives of the activity and then himself to implement the necessary skills. The second stage is called "break-up phase" when the trainer repeats the required skills. The "understanding phase" is the third step when trainees need a real understanding of what they are learning and should be able to talk about. "Performance stage" is the last stage where trainees have the necessary skills in the presence of the church so that they can be evaluated by them (Shahhosseini et al., 2015).

In general, in this way, how to explain the functions of a particular object and a particular device are explained by the teacher. Thus, many students are taught about these skills in a short period of time (Bagherian & Sadeghi, 2012). Moreover, many studies illustrated that this method, learning is done simply by observing the skills required. The main difference in the method compared to the previous method is that the students, in this method, work with real devices. Thus, this method is very good to be applied to practical and technical courses (Sharma, 2003), additionally to increase students' level of understanding, the teacher first performs the various stages of a particular skill slowly.

Moreover, in a clinical setting, this method is applied differently because of time limitations (Bitsika et al., 2014). The Greif study showed that this method was more efficient than the conventional version. Also, the use of this four-step method had a significant impact on nurses who were in contact with the trauma (Schuerdtfefer, 2014). Patients unlike the traditional method, this method can help nurses manage childbirth well. It has also proven to be of particular importance in trainer and trainees. This point is of great importance given the midwife (Shahhosseini et al., 2015).

Emotional intelligence (EI) was defined as the ability to recognize the meaning of different emotions and the relationship between them as well as thinking and problem solving (Dhani & Sharma, 2016). On the other hand, the benefit of EI was improving the relationship with humans, improve communication with people, make better empathic skills, manage changes with more confidence, enjoy the work, feeling confident and positive in attitude (Rani & Yadapadithaya, 2018).

In addition, people with a high level of EI can understand and assess their emotions and how to express their emotions so that they can cope with stressful situations. Also, the individual who has higher emotional intelligence has the ability to withstand stressful events and situations (Wons et al., 2011). Otherwise, people with emotional intelligence can better recognize the possibilities of stressors and use emotions to deal with the problem, as long as they manage the negative emotions that fall into a stressful situation (Shukla & Srivastava, 2016). However, some authors believe that EI is important for nurses to create, nurture and maintain the mental work that needs to be done in interacting with pregnant women (Hurley, 2008).

Meanwhile, childbirth is a process that needs high qualitative and attributes of health care provider, who provide care for two clients at the same time mother and fetus, so when the health care provider has a high level of emotional intelligence and self confidence it leads to achieve safe motherhood

Significance of the study:

Labor is a stressful event to mother and fetus yet application of four phases by nurses during labor was expected to improve labor outcome and increase nurses level of satisfaction, self confidence and EI. Emotional intelligence is so vital in overcoming the stress, and people benefiting from this sort of intelligence have more ability in controlling their feeling and, consequently, dealing with the problems. Concerning previous studies as Mohamadirizi et al., (2015) showed the effectiveness of the four-phase method on the emotional intelligence among nursing students.

According to the above-mentioned studies, this research is conducted to focus on the necessity of having a new and practical method to reinforce the individual and social skills of the students, or generally their EI. This point seems to be very critical concerning the midwifery students, especially when providing care during the first stage of labour because they are involved with the mothers and her fetus.

The aim of the study: Was to study the application of the four phase teaching method regarding care of the first stage of labour among nursing students and effect on their emotional intelligence

Research hypothesis:

Nursing students who receive training by the four phase teaching method will expect to achieve significantly higher emotional intelligence, self-confidence and satisfaction regarding care of the first stage of labor than those who didn't.

Operational definitions:

Emotional intelligence: A set of skills that one thinks to contribute to the precise evaluation and the expression of myself and the emotions of others

Satisfaction: Complete explanation and feelings of satisfaction of the teaching.

Self-confidence: Trust students' own judgment and the accuracy of the performance.

2. SUBJECTS AND METHOD

Study Design: An experimental study.

Study Setting: This study was implemented in two places. The first was maternity nursing simulation lab at the faculty of nursing, Mansoura University. This is created by High Fidelity Guamard simulator mannequin, (NOELLE simulators). Second place was the Labor and Delivery unit at the Mansoura University Hospital (MUH) in Egypt..

Sample type: A purposive sampling was used.

Study Subjects: One hundred and twenty students who meet the following criteria:

- Maternity students.
- During 2nd semester.
- Didn't receive any knowledge or training regarding childbirth management in midwifery lab or clinical area.

Sample size:

Total number of students in the third grade they studied midwifery course during 2nd semester of the academic year 2016 - 2017 were (n = 312). One hundred and seventy (170) students were taken labour and delivery clinical rotation also (22) students were absent. So, the subjects of the study included 120 students attended the lectures.

Groups' Allocation:

One hundred and twenty male and female nursing students were randomly assigned into two equal groups of 60 by using a method of closed envelope containing both group cards. In relation to an **intervention group** that included 60 students who were receiving training about care of the first stage of labour by four phase teaching method. **The Control group** consisted of 60 students who were receiving training about the care of the first stage of labour on real parturient women admitted to labor and delivery unit.

Tools for Data Collection (TFDC):

Tool I: A Structured Interviewing Questionnaire Schedule: It was designed by the researchers after reviewing related literatures, it included the data related to students personal characteristics as (age, gender & residence).

Tool II: Bar- On Emotional Intelligence Quotient Inventory:

This instrument was adapted from the **Bar-On (2000)** to measure students emotional intelligence, it has 60 questions divided into five sub domain: **Intrapersonal:** It consists of (15 items) involves the ability of the individual to understand their emotions as well as communicate and express feelings and needs. **Interpersonal:** It consists of (12 items) measures one's ability to form and maintain satisfying relationships with others. **Adaptability:** It consists of (14 items) involves measuring one's ability to manage. **Stress management** It consists of (10 items) includes one's ability to remain calm in the face of stressful events. **General Mood:** It consists of (9 items) measures optimism and positive outlook. Finally, the total EI scale is a measure of one's ability to be effective in dealing with the daily demands while remaining happy or satisfied

Scoring system:

The answers had been arranged based on the Likert's five point scale as: Totally (5) strongly agreed, (4) agreed, (3) to some extent agreed, (2) disagreed, and (1) totally disagreed. The scores ranged from 60 and 240, higher score indicate higher EI (above 60% (144)).

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Tool III: The Student Satisfaction and Self-Confidence in Learning Instrument: (NLN, 2006).

This instrument was developed from the National League for nursing (2006) and adapted to be used to evaluate student satisfaction and self-confidence in learning. It consisted of (5 items) that measure learner satisfaction and (8 items) that evaluate self-confidence in learning.

Scoring system:

Each item of the scale (13 items) the students responded was ranged from 1 to 5 points of Likert scale: Strongly disagree(1), disagree(2), undecided(3), agree (4), and strongly agree (5). The total score of satisfaction ranged from 5 to 25, the total score of self-confidence ranged from 8-40 and the total score of satisfaction and self-confidence was ranged from 13 to 65; higher score indicates higher satisfaction and self-confidence.

Content validity of the Tools:

Tools were judged by five juries from specialists in maternity nursing. Based on their recommendations and remarks, the corrections were considered.

Reliability of the Tools: It was tested for 10 students during the pilot study by using Cronbach's α (alpha). Emotional inelegance reliability = (0.93), Satisfaction reliability = (0.94), Self-confidence reliability = (0.87).

Ethical Considerations:

Women's Health and Midwifery department approval was taken, after that approval from an ethics research committee (ERC) of the faculty of the nursing Mansoura university, in addition, we obtained informed consent from each student prior to the intervention. They are informed of the right to join or refuse to withdraw at any time. The search process does not harm the students. After statistical analysis tools of data collection were burned to safe the confidentiality of the research, and also the data collection tools did not handle the moral questions, religious or cultural issues also student's dignity.

Pilot Study:e4

A pilot study was carried out on 12 students in order to test the relevance & applicability tools also, to test the clarity of the questionnaire as well as to estimate the time needed to answer them.

Fieldwork process:

- The study consumed three months started from March 2017 till May 2017.
- The study was conducted through three phases:

Preparatory phase:

- The researchers review the relevant literature related to study to prepare tools for the study. Official permission was obtained from the head of woman's health and midwifery nursing department and from the faculty of the nursing ethical committee to conduct the study.
- The researchers interviewed each student individually and explained the aim of the study & study process, obtain the informed consent before data collection.

Implementation phase:

- Personal data were obtained from the study sample as (age, sex, residence) also, pretest of EI was assessed.
- Then, students assigned into two groups intervention group and control group as mention above.
- **For intervention group:** There are four sessions, one theoretical and three clinical.
- **First session:** The researcher start an interactive session by giving complete explanation of childbirth by using interactive and mediated lecture (video about stages of labour and concentrate on first stage), it applied at classroom (C) of nursing faculty, and then the students go to apply the theoretical lecture and transferred into applicable lecture as apply care of first stage of labour by prepared scenario on a simulated lab (obstetrics and gynecology lab) by well training all students on NOELLE childbirth simulated manikin by using four phases teaching method.

- Then, the students divided into 6 subgroups, each group contain 10 students. Training provided over a period of three weeks, they classified on three sessions in three days along 3 weeks started from 9 a.m. to 2 p.m.
- At the 1st clinical session, the researchers (trainer) use four phases teaching method starting by giving explanations about the needed activities during managing first stage of labour and perform the required midwifery skills (demonstration and telling). The researcher (trainer) repeats again the intended midwifery skills (deconstruction).
- Then, at 2nd clinical session, the researchers reach to comprehensive phase of this phase the students had a relay understanding of what's being taught and should be able to talk and discuss about the first stage of labour.
- Finally, at the 3rd clinical session reach to the 4th step of teaching method as performance step in which the students perform the needed midwifery skills under supervision of demonstrator then each student were evaluated.
- After finishing the 4th step of teaching on lab, the students go to deal with parturient women in a real situation with real setting.
- **Control group** takes the theoretical lecture, then received training for 3 hot days /week in the hospital in labor and delivery unit.

Third phase (Evaluation phase):

- At the end of rotation each student in both groups was measured again EI, also, each student was asked to fill the student satisfaction and self-confidence in learning scale.

3. RESULTS

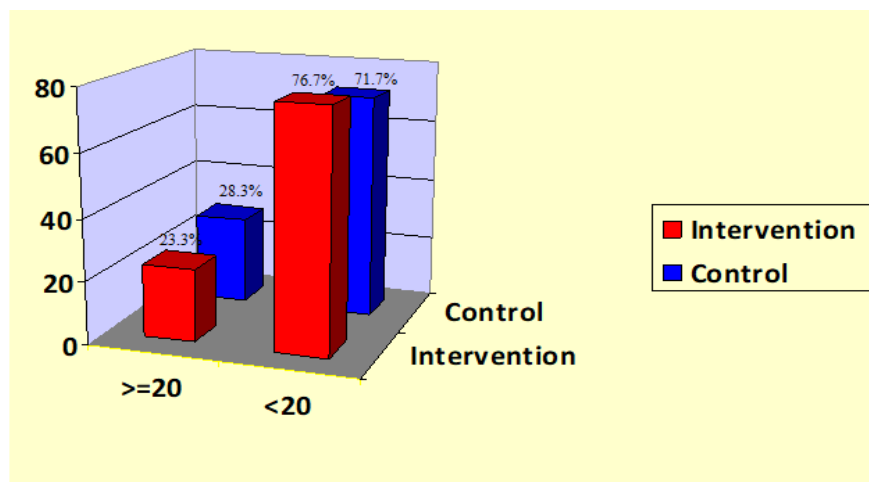


Figure (1)

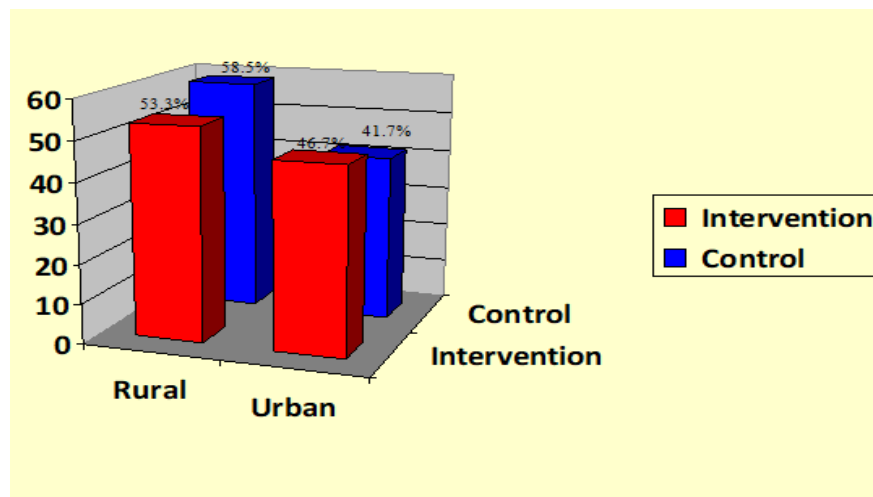


Figure (2)

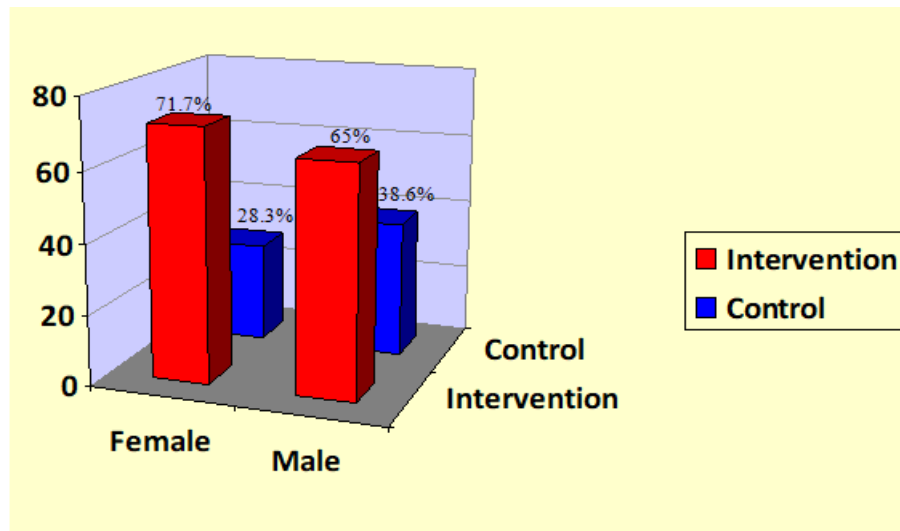


Figure (3)

Figure 1, 2 and 3 illustrated that distribution among intervention and control group according to their general characteristics such as age, gender and residence .

Table (1): Comparison of mean score of emotional intelligence among intervention and control groups pre and post intervention.

Score	Pre intervention		Post intervention	
	Mean	± SD	Mean	± SD
1-Interpersonal				
Intervention group	11.53	± 2.67	18.78	± 2.56
Control group	11.23	± 1.92	12.24	± 2.08
Significance test	t=0.71, P=0.48		t=14.98, P=0.001	
2-Interapersonal				
Intervention group	12.06	± 2.01	33.28	± 4.66
Control group	11.43	± 1.81	14.83	± 2.23
Significance test	t=1.91, P=0.06		t=27.36, P=0.001	
3-Adaptation				
Intervention group	18.73	± 3.84	40.30	± 8.95
Control group	18.38	± 3.14	25.75	± 7.44
Significance test	t=0.55, P=0.58		t=9.68, P=0.001	
4-Stress				
Intervention group	18.00	± 1.92	29.13	± 2.77
Control group	17.68	± 2.98	21.25	± 4.12
Significance test	t=0.69, P=0.49		t=12.30, P=0.001	
5-Mood				
Intervention group	18.36	± 1.80	27.70	± 2.10
Control group	18.28	± 1.67	22.00	± 4.74
Significance test	t=0.246, P=0.806		t=8.52, P=0.001	
Total score				
Intervention group	78.78	± 6.02	149.27	±12.02
Control group	76.97	± 5.42	96.20	±14.49
Significance test	t=1.74, P=0.09		t=21.83, P=0.001	

Table (1): This table shows that there was no statistical significant difference between mean scores of emotional intelligence in both group pre intervention, while post intervention the mean score had a highly statistically significant improvement of emotional intelligence among the intervention group.

Table (2): Mean scores of students' satisfaction in learning among intervention and control group.

Items	Intervention group (60)	Control Group (60)	Significance test
	Mean± SD	Mean± SD	
1- The teaching methods used in this learning activity were helpful and effective	3.27 ± 0.82	2.27± 0.52	t= 7.989, P=0.001
2-Training method provided me with a variety of learning materials and activities.	3.42 ± 0.79	2.22 ± 0.49	t= 10.021, P=0.001
3-I enjoyed how my instructor taught the learning activity.	4.02 ± 0.50	1.60 ± 0.62	t= 23.517, P=0.001
4-Teaching materials used in this clinical training were motivated and helped me to learn	3.83 ± 0.59	1.75 ± 0.51	t= 20.780, P=0.001
5-The way my instructors taught the clinical training was suitable to the way I learn.	3.68 ± 0.72	2.28 ± 0.64	t= 11.215, P=0.001
Total score	22.47 ± 1.57	19.42 ± 3.85	t= 5.683, P=0.001

Table (2) reveals that, the students of the intervention group had a significant higher score of all items of satisfaction in learning compared to control group. Also, the averages of the total score were significantly higher in the intervention group.

Table (3): Mean scores of Self-confidence of students' in learning among intervention and control group.

Items	Intervention group (60)	Control Group (60)	Significance test
	Mean± SD	Mean± SD	
6-I am confident that I am mastering the content of learning activity that my instructors presented to me.	3.81± 0.62	2.97 ± 0.78	t= 6.589, P=0.001
7- I am confident that this learning activity covered critical content necessary for the mastery of clinical content.	3.81± 0.50	3.03± 0.69	t=7.114,P=0.001
8- I am confident that I am developing the skills and obtaining the required knowledge from this learning activity to perform necessary tasks in a clinical setting.	3.93± 0.48	2.72± 0.74	t= 10.683, P=0.001
9- My instructors used helpful resources to teach this learning activity.	3.98± 0.54	3.00± 0.92	t=7.149, P=0.001
10- It is my responsibility to learn what I need to know from this learning activity	3.92± 0.53	3.15± 0.68	t=6.859, P=0.001
11- I know how to get help when I do not understand the concepts covered in the learning activity.	4.03± 0.55	3.10± 0.63	t=8.638, P=0.001
12- I know how to use learning activities to learn critical aspects of these skills	3.95±0.50	3.18± 0.62	t=7.416, P=0.001
13- It is the instructor's responsibility to tell me what I need to learn about the learning activity content during the class time	3.85± 0.48	3.03± 0.63	t= 7.926,P=0.001
Total score	31.30 ± 2.86	24.15± 2.55	t=14.43 ,P=0.001

Table (3) reveals that, the students of the intervention group had a significant higher score of all items of self-confidence in learning compared to the control group. Also, the averages of the total score were significantly higher in the intervention group.

Table (4): Correlation between total emotional intelligence, satisfaction and self-confidence score among both groups

Items of correlation	Study group		Control group	
	R	p	r	p
Total EI score & satisfaction score	0.966	0.0001	0.236	0,069
Total EI score & self-confidence score	0.980	0.0001	0.117	0.375
Satisfaction score & self-confidence score	0.968	0.0001	0.478	0.001

Table (4) illustrates that there was positive, significant correlation between total emotional intelligence score and satisfaction and self-confidence score in the intervention group, while they were negligible in the control group. While there was positive, significant correlation between satisfaction and self-confidence scores in both groups.

4. DISCUSSION

This study aimed to study the effect of application of the four phase teaching method regarding care of the first stage of labour among nursing students' on emotional intelligence, This aim was answered through the references of the current study hypothesis because the current study was revealed that a highly statically significant improvement of the mean scores of emotional intelligence post intervention among intervention group also, the present study findings had revealed that, the students among intervention group had a significant higher score regarding all items of satisfaction and self-confidence in current learning compared to control group. These results may be due to clear and simple language used during the classes, the suitable strategy of teaching and the quality of educational materials utilized. Also, the students were having curiosity regarding simulation training session (advancing technology) concerning the care of the first stage of labour, this sessions were reflected upon their improve of emotional intelligence and high satisfaction and self confidence of students.

Consider the effect of a four phase teaching method as an active teaching method teaching on students ' emotional intelligence. The result of the study showed that there was a highly statically significant improvement of the mean scores of emotional intelligence after intervention among intervention group, compared to no change of emotional intelligence among the control group. The current study findings were in agreement with **Mohamadirizi et al., (2015)** who study the effect of four-phase teaching method on midwifery students' emotional intelligence in managing the childbirth and showed the effectiveness of the four-phase method of teaching on the emotional intelligence of the students.

Similarly, the current results were supported by a study done by **Foronda et al., (2014)** who use of virtual clinical simulation to improve communication skills of baccalaureate nursing students and showed that using the active and practical methods had a positive effect on the students' social skills and positive intentions and had decreased the negative psychological factors. Else, The current study findings were in the same line with **Pike (2010)** who study the impact of clinical simulation as an active teaching method on learner self-efficacy in pre-registration nursing education and has been proven that social skills as one of the dimensions of emotional intelligence have been more evident among the groups having been taught by the active method than those in the control group. The agreement between present study results and others studies may be due to nurses with higher EI might give simple explanations to parturient woman who experience fear, anxiety and psychological distress, and deal with woman properly as they learned before.

Concerning to the student's satisfaction in learning material was high among intervention and control groups, the current study results revealed that, a high score of satisfaction post intervention compared to a low score of satisfaction in learning among the control group. The study results were supported by **Ahmed& Sabah (2016)** who study the effect of sim-lab as active method of teaching versus traditional lab training on maternity nursing students' satisfaction & self-confidence and who concluded that sim-lab as a clinical teaching strategy is effective on enhancing students' satisfaction and level of confidence. Moreover, **Marzouk (2015)** who revealed that students of the simulation group as active method of teaching were reported a higher satisfaction scores compared to the clinical training group.

Moreover, **Hall & Rachel (2013)** findings were supporting the present study findings, by evaluating the effects of high fidelity simulation as active teaching on self-confidence, with baccalaureate nursing students and reporting that the students were highly satisfied with the simulation learning activity with a mean score of 24.27 out of 25 possible points.

While the present study results were disagreed with **Alfes (2011)** who assessed the use of simulation with beginning nursing students and showed that there were no statistically significant differences between the study and the control group related to satisfaction with learning. This difference of satisfaction may be explained by culture and traditions.

Concerning student's self-confidence in learning among both groups, the present study findings revealed that, self-confidence was observed among intervention group than the control group. The current study findings were consistent with **Nahas et al., (2013)**, who studied the effect of clinical simulation as active teaching at the student level of confidence showed that working with patient simulation increased their clinical competence, confidence and prepared them for real clinical settings.

Thomas & Mackey (2012) observed that a significant increase in the confidence of students who were trained clinical skills using simulation compared to traditional training groups. Else, **Leila et al. (2013)** reported that the student confidence score increased significantly in the post-intervention simulation group compared to other groups in pediatric care.

In addition, **Dearmon et al. (2013)** reported a statistically significant improvement in student confidence scores after completion of the simulation-based guidelines for male and female and even for each age group.. Furthermore, **Alfes (2011)** supporting the present study findings because evaluating the use of simulation with beginning nursing students and indicated a statistically significant higher level of confidence in the experimental group that participated in the simulation. The significant confidence and satisfaction expressed by the intervention group students indicate that they had the opportunity to demonstrate and re-demonstrate, and that they were able to correct the errors that encouraged them to learn.. Also, it was lead to get the confidence of providing care in real settings and thus enhances their satisfaction levels.

The present study revealed that there was significant correlation between total emotional intelligent, satisfaction and self-confidence score in both groups was also evaluated in the present study and revealed that there was a positive significant correlation between emotional intelligence score and satisfaction and self-confidence score in the intervention group, while they were negligible in the control group. The study findings were in agreement with **Tagoe & Quarshie (2017)** who study the relationship between emotional intelligence and job satisfaction among nurses in Accra and showed that a significant positive correlation between emotional intelligence and job satisfaction among the nurses. Also, in agreement **Benson et al., (2010)** who study emotional intelligence in baccalaureate nursing students reported that students with high EI show effective ways of coping such as a positive evaluation of a stress situation and trying to solve a problem actively.

In addition, **Özer et al., (2016)** who studied the relationship between emotional intelligence and life satisfaction of college students showed significant relations between EI and life satisfaction. Moreover, **Luciana & Bogdan (2013)** who study EI and life satisfaction for students in Romanian university showed that Students expressing a higher understanding and expressing emotions report greater satisfaction. Furthermore, **Alfes, (2011)** findings, which it showed that there was a statistically significant positive relationship between confidence and satisfaction with learning.

It was observed from the study results that the integration of the four phase teaching method in nursing learning process motivated the students to acquire high emotional intelligence among nursing students more than clinical training. Also, it motivates the students to achieve a high level of satisfaction and self confidence during their training, which pointed out, our direction concerning the importance of an integrated four phases teaching method into the undergraduate maternity nursing curriculum.

5. CONCLUSION

From the current study results it was evident that the student's satisfaction and self-confidence were statistically significant higher among intervention group than the control group. It pointed out, our attention that four phase teaching method was highly significantly more effective than clinical training regarding student's emotional intelligence related to care of the first stage of labour.

6. RECOMMENDATIONS

- Integration a four phase teaching method in obstetrics and gynecology nursing curriculum.
- Implementing programs for faculty, staff members concerning implantation active four phases teaching method as teaching and training method.

Further Studies:

- Implementation of four phase teaching method on a bigger sample and another setting.

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